U.8. Palent and Trademark Office; U.8. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number **Quite lilute for Form PTO-87.6** CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAN QR SMACL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIO FE (37 CFR 4.18(8)) RATE FEE TOTAL CLAIMS (37 CFR 1.18(c)) OR mínus 20 = INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR minus MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)). f. If the difference in column 1 is less than zero, enter "0" in column 2. OR · CLAIMS AS AMENDED - PART II OR TOTAL (Column 1) (Column 2) (Oolumn 3) OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT ENDMENT AFTER RATE ADDI: PREVIOUSLY PAID FOR EXTRA RATE ADDI-TIONAL FEE TIONA folat (31 CFR 1.16(c)) Minus Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(4)) OR OR TOTAL ADO'L FEE OR (Column 1) ADDILFEE (Column 2) (Column 3) CLAIMS ω HIGHEST REMAINING ENDMENT NUMBER PRESENT AFTER RATE PREVIOUSLY. ADDI. EXTRA. AMENDMENT RATE ACIONAL MONAL TIONAL Total 18 Minus PEC

		(Column 1)				_	ADD'L FEE		OR	ADD'L FEE		+
DMENTC	1	CLAIMS REMAINING AFTER AMENDMENT	Minus	(Column 2) HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDJ TIONAL FEE	
AMEN	Independent (37 CFR.1.186)) FIRST PRESENT.	ATION OF MULTIPLE	Minus	Att .	.=	-	X 1 =		OR .	X. ş =		1
FIRST.PRESENTATION OF MUI, TIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3". Is collection of information is required by "37 CFR 1.16. The information is required to obtain or relate the appropriate box in column 1.												
				olal or Independent 1.16. The Inform governed by 35 U				ne appropriate	box in col	umn 1.	<u> </u>	

OR

OR

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))

Independent

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The Highest Number Previously Paid For (Total or Independent) is the highest number tound in the apprepriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the functioning gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SCHO TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.